

**Citizen Review Board**

100 Grinnell Street, Key West, FL 33040  
PO Box 1946, Key West, FL 33041  
(305) 809-3887 Fax (305) 293-9827  
e-mail: [crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)

- What you need to know before completing the attached complaint form:
- This complaint and any attachment become public record. If you have already filed a report with the Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing a complaint with the CRB at this time.
- Complaints should be filed as soon as possible of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- All CRB meetings are televised and archived on the City of Key West web-site. By attending a CRB meeting you may be shown on camera.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

X   
Name/Nombre

X 8-7-19  
Date/Fecha

1. CRB Control #

19-002

# COMPLAINT FORM

## Citizen Review Board

PO Box 1946, Key West, FL 33041  
<http://www.cityofkeywest-fl.gov>  
[email: crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)  
 (305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time Complaint Received 2:00 PM

8/7/19

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.

Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

### A. COMPLAINANT INFORMATION

#### DATOS DEL DENUNCIANTE

Name: John Brace Date of Birth: 04-10-1980  
 Nombre Fecha de nacimiento

Address: 1015 South St Key West FL 33040  
 (Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: 1015 South St Key West FL 33040  
 Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: john.brace.jb@gmail.com  
 (Dirección e-mail)

Home Phone: ( ) Work Phone: (305) 916-5252 Cellular: (504) 316 0439  
 Teléfono Particular Teléfono del Trabajo Celular

### B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery Rudeness Deficient Service Truthfulness Driving False Arrest Excessive Force Searches Other

### C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT

#### DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
 Describa la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
 Describa la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
 Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
 Describa la apariencia física del oficial: \_\_\_\_\_

**D. VICTIM/WITNESS INFORMATION**  
**DATOS DE LA VICTIMA/TESTIGO**

Did you witness the incident? Yes ☒ No ☐  
¿Fue usted testigo del incidente denunciado? Si ☐ No ☐

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):  
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ Other ☐  
Padre/Madre ☐ Conyuge ☐ Familiar ☐ Tutor ☐ Hijo/a ☐ Amigo/a ☐ Otra ☐

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

Suministre la mayor cantidad posible de la información que se solicita a continuación, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

**Victim/Witness #1**

**Victima/Testigo No. 1**

Is this person a: victim ☐ witness ☒  
Esta persona es: víctima ☐ testigo ☐

Name: Channell Walters

Nombre

Address: 1015 South St

City Key West

State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040

Contact numbers: Telephone

Cell 305-240-1297

Código Postal

Teléfono

**Victim/Witness #2**

**Victima/Testigo No. 2**

Is this person a: victim ☒ witness ☐  
Esta persona es: víctima ☐ testigo ☐

Name: John Brice

Nombre

Address: 1015 South St.

City Key West

State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040

Contact numbers: Telephone

305 916-5252

Cell 504 316-0439

Código Postal

Teléfono

work

**Victim/Witness #3**

**Victima/Testigo No. 3**

Is this person a: victim ☐ witness ☐  
Esta persona es: víctima ☐ testigo ☐

Name: \_\_\_\_\_

Nombre

Address: \_\_\_\_\_

City

State

Dirección:

Ciudad:

Estado:

Zip Code \_\_\_\_\_

Contact numbers: Telephone

Cell

Código Postal

Teléfono

E. INFORMATION ABOUT THE INCIDENT  
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.  
Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: 8-3-19 Time: 3:30 AM Location: 1615 South St Case # if applicable: 192156020  
Fecha: 3-3-2019 Hora: 3:30 AM Lugar: 1615 South St No. de Caso, si corresponde: \_\_\_\_\_

I was ~~as~~ sleeping and around 3:30 AM 8-3-2019 two Key West Officers woke me up standing in my bedroom with guns drawn. They started to question me about if some guy named Shawn lived there. I had to ask them to leave my bedroom. They continued to try and search the house and question me about this person. I walked them outside told them again I didn't know this person.

Attach additional pages if necessary. Page number \_\_\_\_ of \_\_\_\_ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

  
Signature of Complainant

8-7-19  
Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: \_\_\_\_\_